## **Interim Alternative Educational Setting**

Student's Last Name	First Name	Initial	Student ID #	Home Telephone	
Student's Home Address			City	State	Zip Code
Complete this section for students suspended for possession of drugs or weapons					
For students suspended for po- must—	ssession of drugs or weapo	ons, any interi	m alternative educational setting	g in which a	student is placed
(1) Be selected so as to enable the student to continue to progress in the general curriculum, although in another setting, and to continue to receive those services and modifications, including those described in the student's current IEP, that will enable the student to meet the goals set out in that IEP; and					
(2) Include services and modifications to address the behavior described in §§ 300.520(a)(2) or 300.521, that are designed to prevent the behavior from recurring.					
The interim alternative educat	ional setting is				
Effective date		<del></del>			
Person responsible		<del></del>			
Parent signature					
☐ I agree with the placemen	nt decision.				
☐ I disagree with the placement decision and request an expedited hearing.					

Parent Signature \_\_\_\_\_ Date \_\_\_\_